



AMENDMENT TRANSMITTAL LETTER			Docket No. 5277-0101PUS1																																			
Application No. 10/633,657-Conf. #5467	Filing Date August 5, 2003	Examiner S. D. Coe	Art Unit 1655																																			
Applicant(s): Chieh Fu CHEN et al.																																						
Invention: ANTI-INFLAMMATORY EFFECTS OF THE PARTIALLY PURIFIED EXTRACT OF RADIX STEPHAMIAE TETRANDRAE																																						
<p>MS Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450</p> <p>Transmitted herewith is an amendment in the above-identified application.</p> <p>The fee has been calculated and is transmitted as shown below.</p>																																						
<table border="1"> <thead> <tr> <th colspan="5">CLAIMS AS AMENDED</th> </tr> <tr> <th></th> <th>Claims Remaining After Amendment</th> <th>Highest Number Previously Paid</th> <th>Number Extra Claims Present</th> <th>Rate</th> </tr> </thead> <tbody> <tr> <td>Total Claims</td> <td>4</td> <td>- 20 =</td> <td></td> <td>x</td> </tr> <tr> <td>Independent Claims</td> <td>4</td> <td>- 4 =</td> <td></td> <td>x</td> </tr> <tr> <td colspan="5">Multiple Dependent Claims (check if applicable) <input type="checkbox"/></td> </tr> <tr> <td colspan="5">Other fee (please specify): Extension for response within first month 120.00</td> </tr> <tr> <td colspan="5">TOTAL ADDITIONAL FEE FOR THIS AMENDMENT: 120.00</td> </tr> </tbody> </table>				CLAIMS AS AMENDED						Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	Total Claims	4	- 20 =		x	Independent Claims	4	- 4 =		x	Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					Other fee (please specify): Extension for response within first month 120.00					TOTAL ADDITIONAL FEE FOR THIS AMENDMENT: 120.00				
CLAIMS AS AMENDED																																						
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate																																		
Total Claims	4	- 20 =		x																																		
Independent Claims	4	- 4 =		x																																		
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>																																						
Other fee (please specify): Extension for response within first month 120.00																																						
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT: 120.00																																						
<p><input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity</p> <p><input type="checkbox"/> No additional fee is required for this amendment.</p> <p><input type="checkbox"/> Please charge Deposit Account No. 02-2448 in the amount of \$. A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> A check in the amount of \$ 120.00 is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. 02-2448 as described below. A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> Credit any overpayment.</p> <p><input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.</p>																																						
<p><i>ma</i></p> <p>MaryAnne Armstrong, Ph.D. Attorney Reg. No.: 40,069</p> <p>BIRCH, STEWART, KOLASCH & BIRCH, LLP 8110 Gatehouse Road Suite 100 East P.O. Box 747 Falls Church, Virginia 22040-0747 (703) 205-8000</p>																																						
Dated: June 5, 2006																																						